

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Dara SkinnerAddress P.O. Box 10256, Gulfport, MS 39505Telephone 228-860-5494 Fax 228-831-1319Treasurer Helen Frazer Email daraskinner@bellsouth.net☐ Check here if above is different from previous report**TYPE OF REPORT**

May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory

June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

X October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. **Faxed reports are acceptable.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2121.10+\$ 935.00	\$ 3056.10	\$ 8532.33
Total amount of disbursements	\$ 3998.39+\$ 841.19	\$ 4839.58	\$ 8140.97
Total amount of cash on hand		\$ 391.36	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Helen Frazer
Signature of Director or Treasurer

10-13-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sue Richardson	___/___/___	\$ 200.00
Mailing Address 19040 Shaw Road	___/___/___	\$
City, State, Zip Code Saucier, MS 39574	___/___/___	\$
Name of Employer (Required) self-employed	___/___/___	\$
Occupation (Required) accounting	Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name Paul Peresich	___/___/___	\$ 200.00
Mailing Address 19416 Mary Shamis Road	___/___/___	\$
City, State, Zip Code Saucier, MS 39574	___/___/___	\$
Name of Employer (Required) Deep South Insulation	___/___/___	\$
Occupation (Required) sales	Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name Dara Skinner	___/___/___	\$ 1721.10
Mailing Address 13281 Three Rivers Road	___/___/___	\$
City, State, Zip Code Gulfport, MS 39503	___/___/___	\$
Name of Employer (Required) self-employed	___/___/___	\$
Occupation (Required) attorney	Aggregate year-to-date	\$ 1721.10
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Dara SkinnerReporting period 7/1/2010 through 9/30/2010

ITEMIZED DISBURSEMENTS

A. Full name Orange Grove Football League	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 3117	8 / 21 / 10	\$ 350.00
City, State, Zip Code Gulfport, MS 39505	__ / __ / __	\$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 350.00
B. Full name Lowe's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2151 John Hill Blvd.	8 / 7 / 10	\$ 300.06
City, State, Zip Code Gulfport, MS 39501	__ / __ / __	\$
Purpose of Disbursement (Optional) sign materials	Aggregate Year-to-date	\$ 300.06
C. Full name First American Printing & Direct Mail	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address One Choctaw Trail	8 / 26 / 10	\$ 1196.26
City, State, Zip Code Ocean Springs, MS 39564	__ / __ / __	\$
Purpose of Disbursement (Optional) printed materials	Aggregate Year-to-date	\$ 1196.26
D. Full name T Diamond Outdoor	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 19131 Diamond Road	9 / 3 / 10	\$ 1391.89
City, State, Zip Code Saucier, MS 39574	__ / __ / __	\$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 1391.89
E. Full name Signs Plus, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15132 Dedeaux Road	9 / 15 / 10	\$ 222.50
City, State, Zip Code Gulfport, MS 39503	__ / __ / __	\$
Purpose of Disbursement (Optional) advertising materials	Aggregate Year-to-date	\$ 222.50
F. Full name Mobile Lumber & Millworkd	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10194 Lorraine Road	7 / 14 / 10	\$ 216.68
City, State, Zip Code Gulfport, MS 39503	__ / __ / __	\$
Purpose of Disbursement (Optional) sign materials	Aggregate Year-to-date	\$ 216.68

Committee to Elect Dara Skinner

Name of Candidate or Committee

Reporting period 7/1/10 through 9/30/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
VictoryStore.com		
Mailing Address	7 / 14 / 10	\$ 321.00
5200 SW 30th Street		
City, State, Zip Code	__ / __ / __	\$
Davenport, IA 52802		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 321.00
printed materials		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$